

JOB EVALUATION FORM

As a condition of funding, certain Assistance Agreements require companies to create and/or retain jobs for a specific timeframe. In order to determine if the requirements for job creation and/or retention were met, the Department of Economic and Community Development ("DECD") is required to conduct a job review.

DECD's Office of Financial Review – Compliance Section will request that a *Job Evaluation Form* be completed for a specified period based on the terms of the Assistance Agreement. This Form must reflect total employment (both full and part-time) for the months of the specified period requested.

To assist DECD in conducting its Job Review of the employment information submitted, it is necessary to obtain from the Company the *Connecticut Department of Labor's ("DOL") Employer Contribution Return (form number UC-2)* and the *Employee Quarterly Earnings Report (form number UC-5A)* for the specified period (see attached UC-2 and UC-5A samples).

Also required is an authorization Release Form for the DOL that authorizes the disclosure of certain Company Employment Information to DECD (see attached).

After DECD receives and reviews this information, a representative from the department may, if necessary contact the company to schedule an on-site Job Review. At the time of the on-site Job Review the following employment documentation will be required.

- List of employees for the period (Including full, part time, hire date, termination date if applicable, rehire date if applicable)
- W-4's
- W-2's
- Time cards/ Time sheets
- Payroll Journal/ Register
- Any additional information deemed necessary at the time of review.

We will advise you of the result of the job review when completed.

If you have any questions and/or need to make arrangements for your submission, please contact Mostafa Monshi, Office of Financial Review – Compliance Section at (860) 270-8106.

JOB EVALUATION FORM **SAMPLE**

DATE:
COMPANY:

LOAN:
GRANT:

ADDRESS:
CITY:

TOTAL:
JOBS RETAINED:

STATE:

JOBS CREATED:

CONTACT:
PHONE:

TOTAL:

EMPLOYMENT REVIEW PERIOD

START DATE:

END DATE:

First Quarter:

	<u>Year</u>	<u>Full-Time</u> <u>Jobs</u> Retained/Created	<u>Part-Time</u> <u>Jobs</u> Retained/Created	<u>Total</u> <u>Jobs</u> Retained/Created
JANUARY				
FEBRUARY				
MARCH				

Second Quarter:

	<u>Year</u>	<u>Full-Time</u> <u>Jobs</u> Retained/Created	<u>Part-Time</u> <u>Jobs</u> Retained/Created	<u>Total</u> <u>Jobs</u> Retained/Created
APRIL				
MAY				
JUNE				

Third Quarter:

	<u>Year</u>	<u>Full-Time</u> <u>Jobs</u> Retained/Created	<u>Part-Time</u> <u>Jobs</u> Retained/Created	<u>Total</u> <u>Jobs</u> Retained/Created
JULY				
AUGUST				
SEPTEMBER				

Fourth Quarter:

	<u>Year</u>	<u>Full-Time</u> <u>Jobs</u> Retained/Created	<u>Part-Time</u> <u>Jobs</u> Retained/Created	<u>Total</u> <u>Jobs</u> Retained/Created
OCTOBER				
NOVEMBER				
DECEMBER				

ATTESTED TO:

SIGNATURE: _____

TITLE: _____

DATE: _____

PLEASE READ THE INSTRUCTIONS

Do not staple anything to this page

**EMPLOYER CONTRIBUTION RETURN
Form Conn UC-2**

Qtr.

CONNECTICUT DEPARTMENT OF LABOR
EMPLOYMENT SECURITY DIVISION
P. O. BOX 2940
HARTFORD, CT 06104-2940
(860)263-6470

ENTER AT RIGHT A COUNT OF ALL FULL-TIME AND PART-TIME WORKERS IN COVERED EMPLOYMENT WHO PERFORMED SERVICES DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NO EMPLOYMENT IN THE PAYROLL PERIOD, ENTER ZERO.

1ST MONTH

2ND MONTH

3RD MONTH

Dollars

Cents

1. Total gross wages paid to all employees for work performed in Connecticut this quarter.
2. Total wages paid within this quarter to each employee in excess of for the current calendar year.
(This amount cannot be greater than line 1)
3. Total taxable wages (line 1 minus line 2)
(This amount cannot be less than zero)
4. Contribution rate
5. Amount of contribution (contribution rate X line 3) office use only
6. Add Failure to File Fee of twenty-five dollars (\$25). If applicable.
7. Add interest at % per month times (X'S) the number of months. If applicable
8. Add penalty of ten percent (10%) or fifty dollars (\$50) whichever is greater. If applicable
9. Amount of remittance enclosed with this return. Write your employer registration number on your check made payable to: Administrator Unemployment Compensation.

REGISTRATION NO.	FEDERAL IDENTIFICATION NO.	REPORT PERIOD	
		QTR	YR
LIABILITY DATE	SUC.	NOTIFICATION DATE	DUE DATE

All liable Connecticut employers must file this form by the last day of the month following each calendar quarter.

I, a duly authorized representative of the employer, certify that the information reported herein is true and correct.

SIGNATURE

TITLE

DATE

PHONE #

IMPORTANT

Internet or Telephone Filing

- 1) We encourage you to file your return and pay via the Internet at <https://wage.ctdol.state.ct.us>. This system will save you time in preparing your return. The names and social security numbers of the employees you reported last quarter will already be listed. You can also pay via electronic funds transfer, and you can report address or other changes at the same time. The password necessary to file is on Form UC-5A (enclosed).
or
- 2) If you had no employees and paid no wages this quarter, you may file your return by calling (860) 566-1018 or (203) 248-4270.

INSTRUCTIONS

- * This quarterly return is a two-page form. You must utilize our approved wage listing form UC-5A (enclosed).
- * Please do not staple anything to this page.
- * Questions relating to this form should be directed to the Cashiers Unit at (860) 263-6470.
- * Send your check, UC-2 and UC-5A in the enclosed envelope or send it to the address listed in the top left corner.

We will automatically subtract prior outstanding credits from the amount of contribution due.
(over)

Staple
Attachments Here

EMPLOYEE QUARTERLY EARNINGS REPORT

UC-5A (REV.8/03)

REGISTRATION NO.	REPORT PERIOD		FEDERAL IDENTIFICATION NO.	SUC.	LIABILITY DATE	PASSWORD
	QTR	YR				

CONNECTICUT DEPARTMENT OF LABOR
EMPLOYMENT SECURITY DIVISION
P.O. BOX 2940
HARTFORD, CT 06104-2940

SUBMIT THIS FORM !
Staple any continuation sheets
you may have to the back of this
form.

EMPLOYEE SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE Type or Print First Initial, Last Name	Total Gross Wages Paid This Quarter	
				Dollars	Cents
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
			Total Gross Wages this page		
Total number of employees listed on all pages of this report			Total Gross Wages all pages (Same as line 1 on UC-2)		

AUTHORIZATION FOR THE RELEASE OF COMPANY INFORMATION

I, _____, agree that the Connecticut Department Labor may disclose information pertaining to _____ (the Company), such as employer name, address, and number of employees, by facility location, to the Connecticut Department of Economic and Community Development (DECD). This authorization pertains to the following locations and their related Unemployment Insurance Number (UI #). Attach additional sheets, if necessary:

Company Name

Location

UI #

I further agree that DECD may, in turn, disclose such information to the Connecticut General Assembly and Auditors of Public Accounts as part of its reporting requirements pursuant to Public Act 05-191, as may be amended or modified. In addition, I understand that this information may be utilized for purposes of performing employment audits and research related activities conducted by DECD.

I understand that this authorization may be revoked at any time, except to the extent that action has already been taken in reliance on it. However, I understand that revocation of this authorization may result in default under my financial assistance contract with DECD. This authorization will expire upon the Company's fulfillment of its contractual obligations with DECD and DECD's fulfillment of its reporting requirements pursuant to Public Act 05-191, as may be amended or modified.

Name (Print or Type)

Title

Signature

Date